

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

110801830

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		2				
14		2				
15		00				
16		1				
17		0				
18		0				
19		0				
20		1				
21		1				
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23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		2				
30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36		0				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	38					
TOTAL CLAIMS	40					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						